

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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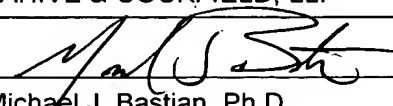
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| | | |
|---|------------------------|------------------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/027922-Conf. #9904 |
| | Filing Date | December 21, 2001 |
| | First Named Inventor | Nghia H. Chiem <i>et al.</i> |
| | Art Unit | 1651 |
| | Examiner Name | K. C. Srivastava |
| | Attorney Docket Number | TGZ-003 |
| Total Number of Pages in This Submission | | |

ENCLOSURES (Check all that apply)

| | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Return Receipt Postcard |
| Remarks | | |

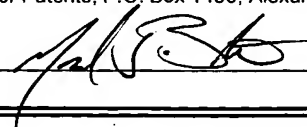
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|----------|--------|
| Firm Name | LAHIVE & COCKFIELD, LLP | | |
| Signature |  | | |
| Printed name | Michael J. Bastian, Ph.D. | | |
| Date | December 13, 2004 | Reg. No. | 47,411 |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV466143408US, in an envelope addressed to: MS AF; Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: December 13, 2004

Signature:



(Michael J. Bastian, Ph.D.)



USE IN LIEU OF PTO/SB/17 (11-04)
Reflects USPTO filing fees in effect from 12/___/04

FEE TRANSMITTAL

For FY 2005

(Reflects USPTO filing fees in effect from 12/___/04)

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 760.00

Complete if Known

| | |
|----------------------|-----------------------|
| Application Number | 10/027922-Conf. #9904 |
| Filing Date | December 21, 2001 |
| First Named Inventor | Nghia H. Chiem et al. |
| Examiner Name | K. C. Srivastava |
| Art Unit | 1651 |
| Attorney Docket No. | TGZ-003 |

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order
☒ Deposit Account ☐ None

Deposit Account Number 12-0080

Deposit Account Name Lahive & Cockfield, LLP

The Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below
☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17
☒ Credit any overpayments

to the above-identified deposit account.

☐ Other (please identify):

FEE CALCULATION

1. BASIC FILING FEE

| Fee Description | Fee (\$) | Small Entity Fee (\$) | Fee Paid (\$) |
|------------------------------|----------|-----------------------|---------------|
| Utility Filing Fee | 300 | 150 | |
| Design/Design CPA Filing Fee | 200 | 100 | |
| Plant Filing Fee | 200 | 100 | |
| Reissue Filing Fee | 300 | 150 | |
| Provisional Filing Fee | 200 | 100 | |

1a. ADDITIONAL FILING FEES

| | | | |
|---|-----|-----|--|
| Utility Search Fee | 500 | 250 | |
| Design Search Fee | 100 | 50 | |
| Plant Search Fee | 300 | 150 | |
| Reissue Search Fee | 500 | 250 | |
| Utility Examination Fee | 200 | 100 | |
| Design Examination Fee | 130 | 65 | |
| Plant Examination Fee | 160 | 80 | |
| Reissue Examination Fee | 600 | 300 | |
| Application Size Fee, each add'l 50 sheets > 100 sheets | 250 | 125 | |

Subtotal (1) and (1a.) \$ 0.00

FEE CALCULATION (continued)

2. EXTRA CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|---|----------|-----------------------|
| Each claim over 20 | 50 | 25 |
| Each independent claim over 3 | 200 | 100 |
| Multiple dependent claims | 360 | 180 |
| For Reissues, each claim over 20 and more than in the original patent | 50 | 25 |
| For Reissues, each independent claim more than in the original patent | 200 | 100 |

| | | | |
|--------------|--------------|----------|---------------|
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
| - | = | x | = |

| | | | |
|---------------|--------------|----------|---------------|
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
| - | = | x | = |

Multiple Dependent Claims

| | |
|-----------------|---------------|
| Fee (\$) | Fee Paid (\$) |
| Subtotal (2) \$ | 0.00 |

3. OTHER FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) | Fee Paid |
|-------------------------------------|----------|-----------------------|----------|
| 1-month extension of time | 120 | 60 | |
| 2-month extension of time | 450 | 225 | |
| 3-month extension of time | 1020 | 510 | 510.00 |
| 4-month extension of time | 1,590 | 795 | |
| 5-month extension of time | 2,160 | 1,080 | |
| Information disclosure stmt. fee | 180 | 180 | |
| 37 CFR 1.17(q) processing fee | 50 | 50 | |
| Non-English specification | 130 | 130 | |
| Notice of Appeal | 500 | 250 | 250.00 |
| Filing a brief in support of appeal | 500 | 250 | |
| Request for oral hearing | 1,000 | 500 | |

Other:

Subtotal (3) \$ 760.00

SUBMITTED BY

| | | | | | |
|-------------------|---------------------------|-----------------------------------|-------------------|-----------|----------------|
| Signature | | Registration No. (Attorney/Agent) | 47,411 | Telephone | (617) 227-7400 |
| Name (Print/Type) | Michael J. Bastian, Ph.D. | Date | December 13, 2004 | | |

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